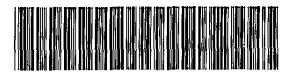
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(Requestor's Name)
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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: David V	V. Fowler, DO, INC (PROPOSED CORPOR.	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	a check for:	_
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Day	vid W. Fowler, DO			
	Name	(Printed or typed)		05
!	5601 Shore Boulevard South, Su	uite 4		J. 23
-	Gulfport, FL 33707	Address		
-		, State & Zip		2:45
<u> </u>	727-510-7603		·	٠
	Daytime 1	Telephone number		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

David W. Fowler, DO, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5601 Shore Boulevard South, Suite 4 Gulfport, FLorida 33707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For the licensed practice of, and consultations, and subcontracting in the field of Internal Medicine under regualtion of the Florida Department of Professional Registration. And also to include other investment opportunities as the Corporation after a discussion and vote, including, but not limited to creation of original publications, real estate investment.

ARTICLE IV SHARES

The number of shares of stock is:

500. All stocks issued by the corporation shall be common voting stock of a single class.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

David W. Fowler, DO, President and CEO 5601 Shore Boulevard South, Suite 4 Gulfport, FL 33707

Teresa Ullman, Secretary and Treasurer 5601 Shore Boulevard South, Suite 4 Gulfport, FL 33707

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

David W. Fowler, DO 5601 Shore Boulevard South, Suite 4 Gulfport, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David W. Fowler. DO 5601 Shore Boulevard South, Suite 4 Gulfport, FL 33707

University and an apprint and appeared appears to appear naming of appears for the place stated comparation at the place designation	# 2m 48.2.
Having been named as registered agent to accept service of process for the above stated corporation at the place designated	i in inis
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	
certificater a min intuiting latin mun merent the handlikingin mi respicien meeth min haife in met hit nin endritta	

OMMOD DAVID W. FOURTR, DU	6-16-2005
Signature/Registered Agent	Date
OLIMAND DAVID W. FOURTROD	6-16-2005
Signature/Incorporator	Date